

# Department of Corrections ADMINISTRATIVE BULLETIN

Subject: POLICY FOR OVERNIGHT
VISITATION BY MINOR
CHILDREN WITH A PARENT
IDENTIFIED AS HIV-INFECTED

**Number:** 

91/30

**Date Issued:** 

October 25, 1991

**Cancelled Effective:** 

**January 24, 1992** 

This Administrative Bulletin announces the departmental policy for overnight visits by minor children with a parent who is an inmate infected with the Human Immunodeficiency virus (HIV).

The Department recognizes the value of visiting as a means to maintain meaningful family relationships and acknowledges that contact with supportive family members becomes even more important when an inmate is facing a potentially life threatening illness. It is the Department's intent to establish an overnight visitation policy for identified HIV-infected inmates which is as accommodating as possible given the inmate's existing health and the inherent medical concerns associated with the disease.

### **Policy**

An HIV-infected inmate shall be approved for overnight visitation with his/her minor child (ren) unless one or more of the following apply:

- 1) The HIV-infected inmate has, within 12 months of the date of application for an overnight visit, a documented in-custody history of high risk behavior. Some instances of high risk behavior include the deliberate biting of another person, self-mutilation or attempted suicide by discharge of blood;
- 2) The HIV-infected inmate has a documented history of committing an "R" suffix offense as defined in Section ~010.4.3.1 of the Department Operations Manual (DOM). Approval or denial of the visit shall he determined based upon the severity, recency and pattern of the offense;
- 3) The HIV-infected inmate has a documented history of committing physical or mental child abuse or endangerment. The recency, severity, and pattern of any such abuse shall be considered in approving or denying the visit; or,
- 4) The HIV-infected inmate is on inpatient status or has a medical condition that would require life-sustaining treatment or monitoring while away on the visit.

In addition, an HIV-infected inmate in Group IV of the disease may be required to undergo a medical evaluation ~y institution medical staff to determine whether he/she, through casual contact, is susceptible to contract or transmit tuberculosis, hepatitis-B, measles, mumps, staphylococcal infections, or chicken pox. The Chief Medical Officer or his/her designee shall review the medical staff's conclusion and recommend clearance for the visit if appropriate.



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It shall be the responsibility of the inmate's assigned counselor to coordinate the visit and to verify the child-parent relationship. The verification shall be done by checking the inmate's Institutional Staff Summary in his/her central file and the birth certificate of the child which must name the inmate as the natural parent. Adoptive children or step-children may also be approved for overrnight visitation if the adoption or step-parent relationship was established prior to incarceration.

At the time of application for an overnight visit, the HIV-infected inmate will be required to sign an authorization to disclose his/her HIV status to the accompanying adult, the parent/legal guardian of the child(ren) if different, as well as any child(ren) who may participate in the overnight visit. Institution staff should not disclose the inmate's HIV status to other than those persons whom the inmate has consented to in writing.

Final approval of the visit shall be given by the Warden or his/her designee.

#### **Requirements for Visitors**

- 1) All children under 18 years of age must be accompanied by an adult. The accompanying adult shall have a notarized statement of consent from the child's civilian parent or legal guardian if the accompanying adult is not the minor child's legal guardian. The consent shall specify by name the accompanying adult who will chaperone the child(ren). In no case shall the accompanying adult be the spouse, sex partner, or intravenous drug-sharing/using partner of the inmate;
- 2) The accompanying adult must be an approved visitor. The term "accompanying adult" is defined ac the inmate's parents, grandparents, brother, sister or child over 18 years of age. The same method by which institution staff process other visiting applications shall likewise apply;
- 3) Prior to the visit, written AIDS information shall be given to the accompanying adult as well as the child's legal guardian if different. The information shall include at least an explanation of the HIV disease, transmission routes and precautions to be taken to avoid exposure. It is the responsibility of the child's legal guardian to educate and inform the child of the HIV disease as he/she so desires; and,
- 4) The accompanying adult and legal guardian of the child(ren) shall sign a waiver absolving the Department of all liability should either the child or accompanying adult contract HIV disease or any illness as a result of the visit. The signed waivers and the authorization form



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from both parent or legal guardian and accompanying adult shall contain an acknowledgment that the HIV materials were received, read and understood.

#### **Implementation**

The inmate's written authorization is required before the Department can release information on the inmate's HIV status to the approved visitor and/or child's legal guardian and before the required waivers and authorization forms can be obtained. In order to accomplish this, each institution will use only the Departmental Authorization/Release/Waiver Form 7301/A or 7301-B/C. These forms when completed are to be considered a confidential document and shall be maintained in the inmate's medical file.

This Administrative Bulletin contains the appropriate forms 7301/A, English, and 7301-B/C, Spanish language, which may be obtained via Order Code 2 as defined in the CDC Forms Catalog.

Please inform all persons concerned of the contents of this bulletin which shall remain in effect until incorporated into the appropriate section of the DOM. Direct any inquiries regarding this bulletin to Mark Johnson, Lieutenant, Institution Services Unit, at (916) 324-8859 or ATSS 454-8859.

JAMES H. GOMEZ
Director of Corrections

Attachments